

L20000283735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

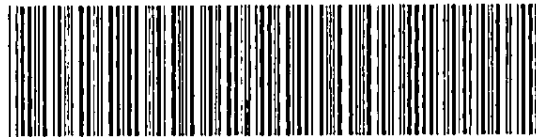
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900352074569

RECEIVED

2020 SEP 17 PM 2:16

LETTERS TO THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C RICO
SEP 17 2020

SEP 16 PM 1:07

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 427736 4311473

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 150.00

ORDER DATE : September 16, 2020

ORDER TIME : 10:15 AM

ORDER NO. : 427736-005

CUSTOMER NO: 4311473

DOMESTIC AMENDMENT FILING

NAME: AFDEV IMPACT FUND GP, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT#62968

EXAMINER'S INITIALS: _____

26 SEP 17 PM 1:07

AFDEV IMPACT FUND GP, LLC

September 16, 2020

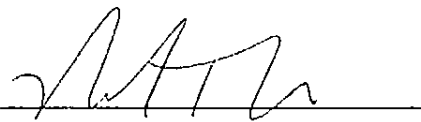
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Consent to Use of Same Name

Dear Sir or Madam:

AFDEV Impact Fund GP, LLC (Document No. M20000005699) hereby consents to the use of the name AFDEV Impact Fund GP, LLC, a Delaware limited liability company (the "Company") for purposes of the filing of Articles of Conversion on behalf of the Company. Furthermore, the Company and the foreign LLC are one and the same.

Sincerely,
AFDEV IMPACT FUND GP, LLC

By: 
Nicholas S. Risi
Authorized Representative

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

20 SEP 17 PM 1:07
RECEIVED
CLERK OF THE
SUPREME COURT
OF THE STATE OF
FLORIDA
TALLAHASSEE

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
AFDEV IMPACT FUND GP, LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Delaware limited liability company
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Delaware
(Enter state, or if a non-U.S. entity, the name of the country)

on April 28, 2020
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
AFDEV IMPACT FUND GP, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

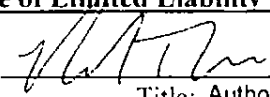
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

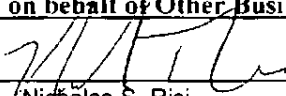
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 16TH day of September 20 .

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: Nicholas S. Risi Title: Authorized Representative

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: Nicholas S. Risi Title: Authorized Representative

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFDEV IMPACT FUND GP, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

613 NW 3RD AVE

SUITE 104

FT. LAUDERDALE, FL 33311

Mailing Address:

613 NW 3RD AVE

SUITE 104

FT. LAUDERDALE, FL 33311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stearns Weaver Miller Weissler Alhadeff & Sitterson, PA

Name

c/o Nicholas Risi, 200 E. Las Olas Blvd., #2100

Florida street address (P.O. Box **NOT** acceptable)

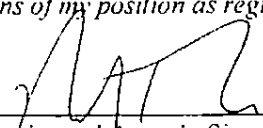
Ft. Lauderdale

FL 33301

City

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 SEP 17 PM 1:07

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Nicholas Rojo

414 N. Andrews Avenue

Ft. Lauderdale, FL 33301

AMBR

Jeffrey R. Burns

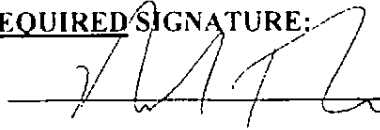
414 N. Andrews Avenue

Ft. Lauderdale, FL 33301

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nicholas S. Risi, Authorized Representative

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)